

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/9/05

2 Serial/Patent # 10/518520

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

| | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|----------|---------------|
| <input checked="" type="checkbox"/> | Filing | <input checked="" type="checkbox"/> | <u>1</u> | \$ <u>100</u> |
| <input type="checkbox"/> | Amendment | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Extension of Time | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Petition | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Issue | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Assignment | <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | | \$ |

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 5 0 -- 2 2 2 2

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: paralegal

SIGNATURE: A Johnson

PHONE: 308-9140

OFFICE: PCT

 THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: